MICHIGAN Immunization Update

Winter 2003 Vol. 10, No. 1

Michigan prepares to initiate smallpox vaccination program

Vaccination with a bifurcated needle

Smallpox eradication is a shining example of the ability of public health to eliminate threats to health and reduce the burden of disease. Unfortunately, the elimination of smallpox and the cessation of smallpox vaccination across the world have resulted in populations without adequate immunity to this deadly disease. This would not be a problem if it were not for the fact that diseases such as smallpox can be used as weapons. With the suspicion that a few countries have facilities to produce smallpox virus and use it as a weapon, the United States and other countries have initiated steps to protect their citizens against smallpox. These protective strategies involve a combination of vaccination, disease surveillance, and rapid investigation of potential cases.

The federal government has recommended that certain groups receive smallpox vaccine in the absence of any smallpox disease. The current vaccine, known as DryVax®, is the same vaccine that was used in smallpox vaccination programs up until the early 1970s. It is a live vaccine and can replicate in the body and also be transmitted quite easily to others. While for many this is not a problem, for those with certain skin conditions such as eczema or atopic dermatitis, or people who are immunocompromised (such as those with HIV/AIDS, cancer, or an organ transplant) or women who are pregnant, vaccination could pose a significant threat to their health.

If a case of smallpox were to occur in Michigan, public health and hospital staff would be called upon to investigate and care for that case. Given these roles, it is prudent to vaccinate these staff in advance of any cases so that they can function without concern about becoming infected. While it is recognized that medical staff who have not been vaccinated could see a smallpox case, vaccination within a few days of exposure to smallpox will protect against the disease. Reporting of any case of smallpox would be followed immediately by identification and vaccination of all people who had close contact with the case.

There have been many articles in the media recently about the smallpox vaccination program and particularly about the associated risks. These risks should not be underestimated but can be minimized by careful screening of individuals who would be eligible to receive the vaccine. As in many decisions that health care workers make, the risks and benefits should be carefully weighed before deciding to be vaccinated. This program is entirely voluntary and people do not have to declare why they choose not to be vaccinated. The federal government advises us that they know of no specific smallpox threat, and so the risk from the vaccine for certain people may be considerably greater than a small and undetermined risk from a smallpox attack.

Public health nurses will administer vaccinations. All vaccinees will have their vaccination sites evaluated throughout the three weeks following vaccination or until the scab falls off. It is expected that there will be few adverse effects, because careful screening of potential vaccinees for contraindications should reduce these risks. In addition, many of the vaccinees will have had a previous dose of vaccine, and typically the incidence of adverse events among re-vaccinees is much lower than among those receiving vaccine for the first time. Smallpox vaccine does have more normal reactions associated with it than the other vaccines that we use today. Among primary vaccinees, 2-16 percent will experience a fever greater than 37.7°C, up to 50 percent will have some regional lymphadenopathy, and about 1 to 37 percent will have other symptoms such as myalgia, chills, headache and fatigue. These are normal and should not be considered as adverse events. These reactions usually

Continued on Page 2

Inside

Michigan Department of Community Health
MDCH
Cost of Printing 13,000 copies: $2,387.40 or $0.183 each.

Smallpox vaccination

Continued from page 1

occur about 3-10 days after vaccination. True adverse events include autoinoculation to another body location, eczema vaccinatum,

erythema multiforme, generalized vaccinia, progressive vaccinia and vaccinial meningitis. Serious adverse reactions should be reported to the hospital assigned physician at each participating hospital for further evaluation. In rare, serious cases, vaccinia immune globulin and cidofovir would be available for treatment under Investigational New Drug (IND) protocols.

Transmission to others is also considered an adverse event, so physicians should be alert to the potential for vaccinia in close family/sexual/household contacts of vaccinees. All vaccinees will receive information and education about how to minimize the risk of transmission to others. This will include covering the vaccination site with gauze, keeping the arm covered when contact with others is likely including during sleep. In addition, all potential vaccinees should avoid vaccination if there is someone in their household who has a contraindication to vaccination.

For more information:

Additional information about the state's smallpox plan can be found at the Michigan Department of Community Health web site:

http://www.michigan.gov/mdch

More information on adverse reactions can be found at the CDC smallpox web site:

http://www.bt.cdc.gov/training/smallpoxvaccine/reactions/default.htm

2003 Recommended Childhood Immunization Schedule now available

The 2003 Recommended Childhood and Adolescent Immunization Schedule reflects the expansion of routine influenza immunization for children. Influenza vaccine is already recommended annually for children who are 6 months of age or older with certain risk factors (including, but not limited to, asthma, cardiac disease, sickle cell disease, HIV, diabetes, and household members of persons in groups at high risk; see *MMWR* 2002;51(RR-3);1-31), and can be administered to all others wishing to obtain immunity. In addition, healthy children age 6-23 months are now encouraged to receive influenza vaccine if feasible because children in this age group are at substantially increased risk for influenza-related hospitalizations.

The schedule is included in this newsletter on page 19.

Order your 2003 AIM Kit today

The Alliance for Immunization (AIM) Provider Tool Kit, which is updated on an annual basis, contains up-to-date tools and information for health care professionals who administer vaccines to their patients, including the Recommended Childhood Immunization Schedule for 2003, information on proper storage and handling of vaccines, documentation resources and much more. The materials in this kit are organized into four separate folders: Child/Adolescent Immunization, Adult Immunization, Talking to Families, and Vaccine Storage & Resources.

Revised adult immunization schedule included

The Recommended Adult Immunization Schedule, printed in color on 11 x 17 paper, is included in the 2003 AIM Kit. The schedule was approved by the Advisory Committee on Immunization Practices (ACIP) in February 2002 and has been accepted by the American Academy of Family Physicians and the American College of Obstetricians and Gynecologists. Providers can use the schedule to promote the use of standing orders, patient-reminder/recall systems, provider-reminder systems and other strategies that reduce missed opportunities to vaccinate patients.

You'll want to spend a little time familiarizing yourself with the new kit so that you'll be able to make the best use of the many resources it contains.

Enter the drawing –

You might win a free conference registration!

To enter your name in a drawing for a free registration to the MDCH regional immunization conference of your choice, simply return the response post card that is included in the front of your 2003 AIM Kit. Be sure to include information on how we can contact you, in case we draw your name.

To be eligible for this drawing, post cards must be postmarked by May 9th. The drawing will be held on May 20th and the winner will be notified at that time.

When you receive your new kit, please recycle your old AIM Kit, thereby ensuring that you are using only the most up-to-date information.

To all the sponsors who funded the 2003 AIM Kit, thank you for making this year's kit possible. We appreciate your support. We couldn't do it without you!

Sponsors:

- Aventis Pasteur
- Blue Care Network
- Bon Secours Cottage Health Services
- Botsford Hospital
- Cape Health Plan, Inc.
- Care Choices HMO
- DeVos Children's Hospital - A Member of Spectrum Health
- Genesys Health System
- GlaxoSmithKline
- Great Lakes Health Plan, Inc.
- HealthPlus of Michigan
- Henry Ford Health System - Department of Pediatrics
- Michigan Chapter of the American Academy of Pediatrics
- Michigan Health & Hospital Association
- Michigan Pharmacists Association
- Michigan State Medical Society
- Midwest Health Plan, Inc.
- Molina Healthcare of Michigan
- OmniCare Health Plan
- Pfizer, Inc.
- Priority Health
- Providence Hospital & Medical Centers
- Saint John Health System
- Saint Joseph Mercy Health System
- Sinai-Grace Hospital/Detroit Medical Center
- University of Michigan C.S. Mott Children's Hospital

If your organization's name is not included in this list, would you consider becoming a sponsor of next year's AIM Kit? To get information on how your organization could become a sponsor for the annually updated AIM Kit, call Nancy Fasano at 517-335-9423.

The new AIM Kits are available now. To order your free AIM Kit, use the MDCH Clearinghouse order form provided in the back of this newsletter on pages 22-23 or call 1-888-76-SHOTS.

Once again – No link found between MMR and autism

A recent study from Denmark provides further evidence that the measles, mumps, rubella (MMR) vaccine is not a factor in the development of autism. The study, published in the November 7, 2002 issue of the New England Journal of Medicine, compared the incidence of autism among children who received MMR with autism rates in children who did not get MMR, and found no association between MMR vaccination and a subsequent diagnosis of autism. The study examined records of over 500,000 children born between 1991 and 1998.

Several other epidemiologic studies have likewise found no evidence of a link between MMR and autism. The Danish study is significant because of its more sophisticated design and size, which was feasible as a result of the unique population-based registries used in Denmark and the ability to link them.

An abstract of the article reporting the study is available on the web at http://content.nejm.org/cgi/content/short/347/19/1477

CDC requests information about encephalopathy cases in children with influenza

Since the mid-1990s, approximately 150 cases of acute encephalopathy have been reported in Japanese children with influenza virus infection (1). These cases have been characterized by fever and rapid onset of encephalopathy and resulted in a high frequency of neurologic sequelae and death. Most of the children have had laboratory-confirmed evidence of influenza.

To determine if a similar pattern of influenza-associated encephalopathy cases is occurring in the United States, CDC is requesting information on any case meeting certain criteria. The criteria include a person under 18 years of age with altered mental status or personality change lasting more than 24 hours and occurring within five days of the onset of an acute febrile respiratory illness, laboratory or rapid diagnostic test evidence of acute influenza virus infection associated with the respiratory illness, and diagnosis of the condition in the United States.

Cases that have occurred after December 31, 1997, can be reported to Tim Uyeki (telephone 404-639-0277 or e-mail tuyeki@cdc.gov) or Jim Sejvar (telephone 404-639-4657 or e-mail zea3@cdc.gov) at CDC. The information will be used to determine if additional investigation is warranted.

Reference

1. Morishima T, Togashi T, Yokota S, et al. Encephalitis and encephalopathy associated with an influenza pandemic in Japan. Clin Infect Dis 2002;35:512—7.

Winter Special

Is pulling charts keeping your office from participating in an immunization record assessment?

For a limited time only, MDCH will pull the charts for your practice!

For additional information
Call Stephanie Sanchez at 517-335-9011

Hurry – offer expires soon!

The Michigan Childhood Immunization Registry (MCIR) makes a difference

When Michigan Department of Community Health (MDCH) staff assess the immunization levels in a provider's office, they gather data from the patients' charts to determine the immunization rates. After the completion of the immunization record assessment in a provider's office, MDCH now has the ability to review and compare MCIR (Michigan Childhood Immunization Registry) data to the data that was found in the immunization records in the charts. This process is explained in the article below.

The ability to gather and compare data from two different sources – the charts and MCIR – has had a significant impact on the assessed immunization levels for many practices. Assessment staff often find that immunizations given elsewhere are not recorded in the patients' charts at the current provider's office. Sometimes this data comparison shows that children have received more doses of a vaccine than were necessary.

Using MCIR to assess a child's immunization status prior to a scheduled visit benefits the child and the provider staff. A child is not given unnecessary shots, and the practice is able to use time and resources more efficiently.

The MDCH assessment staff found this to be true for Rogers City Medical Group in Rogers City. The practice asked the MDCH immunization program to conduct an immunization record assessment in their practice in 2002. The provider and staff were interested in finding out the coverage levels for pediatric patients and identifying additional resources to enhance their immunization practices.

The assessment showed the 4:3:1:3:3 (4 DTaP, 3 polio, 1 MMR, 3 Hib, and 3 HepB) coverage level for the 2-year-olds at the practice was 32 percent. However, after the MDCH staff compared the data with the information in MCIR, the actual coverage level was 88 percent, an increase of 56 percent! These astonishing results reinforced the plans the staff was already making to access MCIR for their patients.

Checking MCIR for information on a patient's immunization status will help make a complete and accurate assessment of a child's immunization status. For additional information on scheduling an immunization record assessment for your practice call Stephanie Sanchez, Assessment Coordinator at 517-335-9011.

The immunization record assessment and MCIR: What's the connection?

The immunization record assessment service is voluntary and is available to private provider practices and other health organizations throughout the state. During this process, MDCH assessment staff manually review patient charts to assess the immunization status of pediatric patients. Feedback presentations following the chart review offer suggestions to improve the immunization process. The national and state goals are to have 90 percent of all 2-year-olds appropriately immunized.

A new component has been added to this service. In addition to the assessment, feedback and education that have been provided in the past, assessment staff now also add dose dates to the Michigan Childhood Immunization Registry (MCIR) for practices that participate in the process. Vaccine doses collected during the assessment process are compared with the data in MCIR, and any dates that are not found in MCIR are added. Last year, 22,000 dose dates were entered into MCIR for the 110 practices that have taken advantage of this service. For more information or to request an assessment, call Stephanie Sanchez, Assessment Coordinator, at 517-335-9011.

How fast can you assess a patient's immunization status?

How long does it take you or a member of your staff to locate the vaccine administration record in a child's chart and determine which vaccines can be given observing all minimum age and interval requirements? Can you do it in 25 seconds or less?

Several months ago, visitors from the Centers for Disease Control and Prevention (CDC) and a technical advisory group visited Michigan to review the functions of the Michigan Childhood Immunization Registry (MCIR). When the group visited a private provider's office that was using MCIR, one member of the group timed how long it took a clerk to look up children's immunization records in MCIR – times ranged from 7 to 25 seconds, including the time it took to enter the child's name and birth date. After the child's name and birth date were entered, the screen that appeared next provided the child's immunization status at the top (up to date or not up to date) and then clearly indicated which shots could be appropriately administered that day. If it takes you or your staff longer than 25 seconds to find a child's immunization record and assess the status, MCIR could be saving you valuable time every day.

DeVos clinics achieve high immunization levels

The staff at DeVos Children's Hospital Downtown and Blodgett Pediatric Clinics have achieved outstanding immunization levels for their pediatric patients. The immunization levels for the 4:3:1:3:3 series (4 DTaP, 3 polio, 1 MMR, 3 Hib, and 3 Hep B) are 92 and 94 percent, respectively. The Downtown Clinic has reached 100 percent compliance with the varicella vaccine recommendation.

One of the strategies the clinics used to increase their immunization rates was to participate in the MDCH immunization record assessment service in both 2001 and 2002. A random sampling of 200 charts was reviewed for the assessment. Two weeks after the chart reviews were completed, feedback meetings were held at both clinics to discuss strategies to improve the immunization levels. The feedback meetings were structured to encourage the open exchange of ideas, acknowledgement of challenges, and creative problem solving to come up with some practical solutions. The clinic staff was given specific information concerning their patients who were overdue for immunizations. Nursing staff received 1.0 CEU for attending the feedback meeting.

The energetic staff at the DeVos clinics went right to work to implement the new ideas and suggestions with very positive results. The coverage rates at both clinics for 4:3:1:3:3 improved 20 percent in one year! The staff at both clinics is dedicated to the challenge of ensuring the children in their practices are fully immunized, and the MDCH immunization record assessment process helped them towards accomplishing their goal. Congratulations for a job well done!

For additional information on immunization record assessments, call Stephanie Sanchez, Assessment Coordinator, at 517-335-9011.

Win a free Pink Book

When your practice has completed an MDCH immunization record assessment and has had an immunization education in-service, the practice is eligible to receive a free pink book (Epidemiology and Prevention of Vaccine-Preventable Diseases). For more details, call Stephanie Sanchez at 517-335-9011.

Free immunization materials available

Free immunization materials are available from CDC, and the quickest and easiest way to get them is through CDC's website at:

www.cdc.gov/nip/publications

All online orders are processed within 48 hours, so ordering through the web is definitely the quickest way to go. Be sure to check out this website.

Effects of the Prevnar shortage on 7-month-olds in three counties

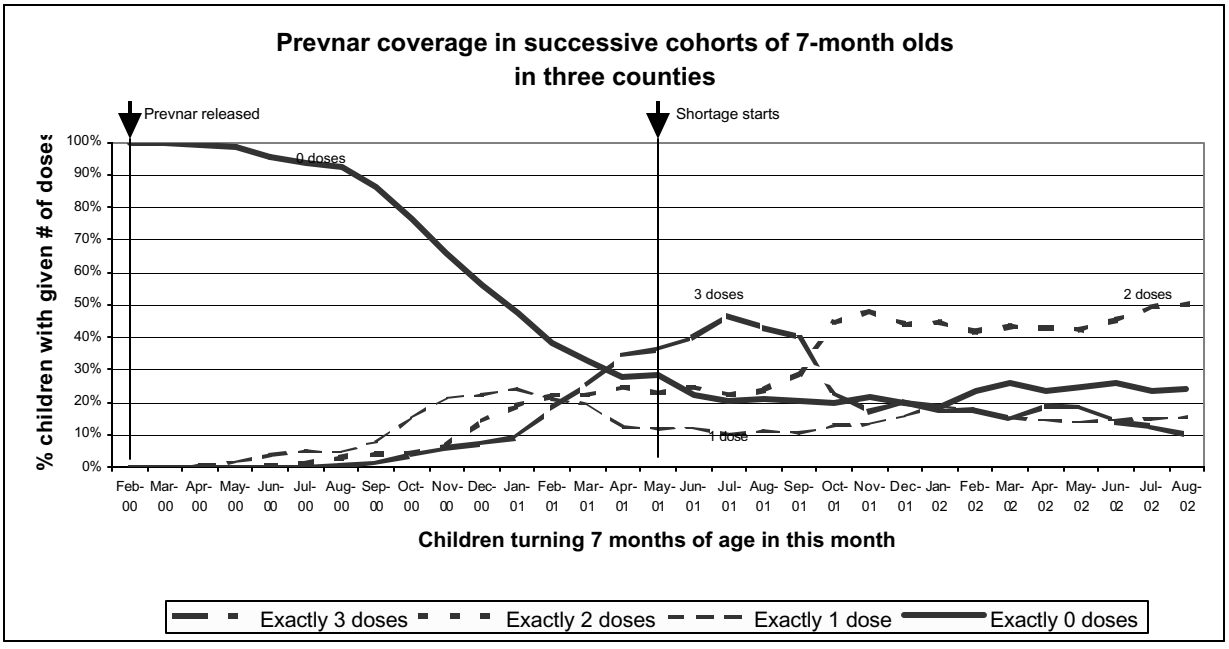
According to the Recommended Childhood Immunization Schedule approved by the ACIP, children should receive three doses of the pneumococcal conjugate vaccine (Prevnar) before 7 months of age, followed by a dose at 12 months of age. However, the continuing shortage of this vaccine has made it difficult to adhere to these recommendations. Using data from the Michigan Childhood Immunization Registry (MCIR), it is now possible to demonstrate the degree of the shortage's effects.

Data from three Michigan counties that have particularly good participation in MCIR was used. These three counties contain about 900,000 residents, which is about 9 percent of the state's population. MDCH staff members calculated and plotted the percentages of 7-month-old children who had received Prevnar; each month's data is drawn from about 1,200 children.

Prior to the shortage, the use of Prevnar was steadily increasing over time, as can be seen by the rapid decline (from 100 percent to 28 percent) in unimmunized children from February 2000 to April of 2001, and by the rapid increase (from 9 percent to 47 percent) in children with three doses from January 2001 to July of 2001. These data are shown in the graph below. However, three months after the shortage began, that increase was drastically reversed, dropping from 47 percent to 17 percent in just four months. The proportion of unimmunized children has also begun to increase, from a low of 19 percent in January 2002 up to 24 percent in August 2002.

Another interesting pattern in the graph is that trends in three-dose coverage during the shortage are closely mirrored by trends in two-dose coverage. When three-dose coverage drops, two-dose coverage increases, and vice versa. This is consistent with the MDCH recommendation that the third dose be postponed while the shortage continues, and indicates that many health care providers in these counties have been following the recommendation.

These data are limited in that they represent only three counties and cannot be generalized to the entire state. As participation in MCIR increases, the data available for analyses such as these will grow ever more useful and reliable. We commend all of the health care providers who use MCIR for their role in providing this information.



PCV7 vaccine supply problems persist

Although supplies of DTaP and Td have returned to near normal levels, the Michigan Department of Community Health (MDCH) is still struggling to provide adequate supplies of the pneumococcal conjugate vaccine (PCV7) through the Vaccines for Children (VFC) program. MDCH will continue the practice of allocating this vaccine to the local health departments each month until supplies return to normal. Providers are encouraged to maintain recall lists of children for whom doses have been deferred.

As recommended by the Centers for Disease Control and Prevention (CDC), MDCH continues to recommend the use of the severe shortage schedule for PCV7 until supplies improve. These recommendations are as follows:

1. Fully vaccinate all children with high-risk medical conditions through 59 months of age according to ACIP recommendations. High-risk medical conditions include sickle cell disease, functional or anatomic asplenia, HIV infection, and children who are immunocompromised or have a chronic illness, excluding asthma.
2. Children under the age of 12 months should receive the first 2 doses of the primary series. The third dose and fourth dose (the booster dose) should be deferred.
3. Children 12 through 23 months of age should receive one dose of vaccine and all other doses should be deferred.
4. All doses routinely provided to children 24 through 59 months of age should be deferred.

If your practice has concerns about its supply of PCV7 or for the most up-to-date information on the availability of vaccine in your area, please contact the immunization program at your local health department.

VFC eligibility requirements

In June 2002, the Michigan Department of Community Health (MDCH) issued a memorandum clarifying the eligibility for the use of Vaccines for Children (VFC) program vaccine. This document was intended to help providers understand how to comply with the federal guidelines for the VFC program. To be eligible to receive VFC vaccine, a child must be 18 years of age or younger and meet at least one of the following criteria:

- enrolled in Medicaid
- no health insurance
- American Indian or Alaskan Native
- underinsured (health insurance that does not include any reimbursement for the cost of vaccinations)

Children not meeting the above eligibility requirements are ineligible to receive vaccine through the VFC program. Because there are limited amounts of VFC vaccine available, it is more important than ever to assure that the vaccine is used only for eligible children with the least ability to pay for vaccinations. Eligible adults may also qualify for certain free vaccines through the Michigan Vaccine Replacement Program (MI-VRP). For more information about VFC or MI-VRP, please contact the immunization program at your local health department.

Questions?

Do you have questions about the VFC program? Or MCIR or VIS or other public health programs?

The first place to go for answers is the immunization clinic at your local health department. If you need additional help, call the Division of Communicable Disease and Immunization, Michigan Department of Community Health, at 517-335-8159.

MDCH: DCH-0591 (8/96)
Auth: P.H.S. , Act 42, Sect 317, as amended, 1978

The Michigan Advisory Committee on Immunization (MACI)

The Michigan Advisory Committee on Immunization (MACI) is charged with recommending vaccine policy and procedure to the Michigan Department of Community Health (MDCH) Division of Communicable Disease and Immunization. The committee began in 1992 and has focused its efforts primarily on childhood immunization issues. Meetings generally address policy recommendations for the use of vaccines in Michigan and periodic review and evaluation of the epidemiology of vaccine preventable diseases in Michigan. With the highly visible responsibility for addressing immunization issues for Michigan residents, MACI members serve as liaisons between the various agencies represented on the committee and MDCH.

The current MACI members, along with the organizations that they represent, are listed below.

Name	Representing:
Karen Mitchell, MD (Chair)	Michigan Academy of Family Physicians, Deighton Family Practice Center
Basim Asmar, MD	Wayne State University Medical School, Children's Hospital of Michigan
Tom Flynn, MD	Michigan Infectious Disease Society
Gary L. Freed, MD, MPH	University of Michigan Health System
Bernard Gonik, MD	Michigan Section/ACOG, Sinai Grace Hospital
Elizabeth Haller, MED	Michigan Department of Education
David Johnson, MD, MPH	Deputy Director for Public Health & Chief Medical Executive, Michigan Department of Community Health (MDCH)
Linda Lantry, RNC	Michigan Nurses Association
Melinda Love-Dixon, MD	City of Detroit Health Department
Susan Moran	Medicaid Quality Assessment & Improvement Division, MDCH
Stephanie Mercer, RN, MPA	Public Health Administrators Forum
Jay Mitchell, MD	Michigan Chapter AAP
Holly Plunkett	Michigan Health & Hospital Association
Barbara Savage, RN	Nurse Administrators Forum
Paul Shaheen	Michigan Council for Maternal & Child Health
Dean Sienko, MD	Public Health Physicians Forum
Kenneth Stringer, DO	Michigan Osteopathic Association
Howard B. Weinblatt, MD	Michigan State Medical Society
Ex-Officio: Gillian A. Stoltman, PhD, MPH	Director, Division of Communicable Disease and Immunization, MDCH/CPHA

How can your practice achieve high immunization levels?

Your immunization partners at the Michigan Department of Community Health recommend that you take the steps that others have taken to achieve success: Get a free immunization assessment, follow up with a free immunization in-service, and then you will have the tools that you need to achieve high immunization levels.

The following free programs are available upon request:

Immunization assessment of your practice (AFIX) – contact Stephanie Sanchez at 517-335-9011

Physician Peer Education – contact Charissa Townsend at 517-432-8204

Immunization Update for Office Staff – contact Darcy Wildt at 517-335-9486

Hepatitis A-E – contact Pat Fineis at 800-964-4487 or 517-335-9443

Complacency cure

Reprinted from the Immunization Action Coalition's online newsletter, the IAC Express (Issue 346, October 31, 2002)

Written by Mark Kane, M.D. director of the Children's Vaccine Program at PATH (Program for Appropriate Technology in Health). When he wrote the article in February 2001, public health officials in King County, Washington, where Seattle is located, had seen 11 cases of measles, a number that qualifies as an epidemic in a U.S. community in the twenty-first century.

Americans are in danger of contracting a dangerous disease — one that affects millions of people who live in countries with stable governments, strong health systems and excellent sanitation.

The disease is called complacency.

Many Americans have never seen a child struggling to breathe due to whooping cough or unable to walk because of polio. Our national immunization program has been so successful that its only visible results are millions of healthy kids — the bugs that frightened our parents and grandparents seem to have disappeared.

So when nurses arrive with injections to prevent diseases we've never seen, we might narrow our eyes with suspicion. Some parents, trying to research the subject, become paralyzed in confusion after finding lots of contradictory information on the Internet. Others fall prey to the disease of complacency, refusing vaccines for their children or delaying immunization until it's too late.

Though the vast majority of Americans willingly get the full course of immunization for children, we still cringe when we see the needle. We want reassurance that immunization is worthwhile.

Unfortunately, the reality check often comes in the form of an outbreak of disease. This month health officials have seen 11 cases of measles in King County. This outbreak occurs less than a year after the Centers for Disease Control announced that measles is no longer endemic in the United States. Only 99 cases of measles were reported in the entire country in 1999, so 11 cases are significant. But endemic or not, a virus such as measles does not respect political boundaries.

The virus that arrived here likely came from South Korea, where nearly 30,000 people get the disease yearly.

Worldwide, measles is the largest childhood killer among all the vaccine-preventable diseases, taking the lives of almost 1 million people each year. The measles virus is highly contagious and can live up to two hours outside the body, traveling through the air from victim to victim.

Because the disease does not manifest itself until one to three weeks after exposure, the virus spreads unnoticed. One in 500 people dies from complications relating to measles and some suffer permanent hearing loss or brain damage. We are thankful that measles vaccination rates are relatively high in King County — most of us are protected already — and it is unlikely that someone will die from our epidemic.

It is when immunization programs falter — because of war, governmental instability, or complacency — that life-threatening diseases return in force.

A recent example: After the breakup of the Soviet Union, Russia's health systems deteriorated, including the national immunization program. The country soon experienced a serious epidemic of diphtheria that lasted for years.

Conscientious and well-meaning parents who refuse immunization — even when the vaccines are available — put their children at enormous risk of contracting infectious diseases. Although measles, polio, diphtheria and tetanus are rarely seen in America, they still exist and are ready to attack the unprotected at a moment's notice.

Immunization is known as the greatest public health achievement of all time, saving about 3 million lives worldwide each year. The value of vaccines is a compelling story — one that, unfortunately, needs to be told again and again. It would be a shame to succumb to the disease of complacency and wait for another outbreak to remind us of the importance of these simple, safe and lifesaving medical miracles.

Mark Kane is director of the Gates Children's Vaccine Program at PATH (Program for Appropriate Technology in Health.)

For more information, visit www.childrensvaccine.org

Vaccine safety information

The CDC National Immunization Program website provides information on vaccine safety and much more.

www.cdc.gov/nip

Giving a gift to graduates

Written by Carol Bass, R.N., B.S.N., M.Ed, Redford Union School District

Redford Union High School seniors receive a graduation present from their school nurses. Along with their final high school report card, the nurses send each student a copy of their full immunization record on file with the school district. This record gives graduating seniors documentation of their personal vaccine history and places them in charge of this information as they enter adulthood. Many students go on to college, join the armed forces or begin employment where proof of immunizations is required. Mailing this record to the graduating seniors may help to reduce the number of phone calls the school district and doctors' offices receive from former students who are hunting for immunization records.

When the Redford school nurses send out the immunization records, they also include a letter to the parents informing them of the meningitis vaccine recommendation for college freshmen living in dormitories or residence halls. Places in the area where this vaccine can be obtained are listed in the letter. An informational flyer that is produced by the manufacturer of this vaccine is also included in this mailing.

The Michigan Visiting Nurses organization sent Redford Union School District a letter last May indicating that they are willing to host vaccination clinics in schools for students to obtain the meningitis vaccine. The Redford Union School District is hoping to offer a spring meningitis clinic for graduating seniors going to college. The clinic may also be offered to graduating seniors from surrounding school districts.

Questions & Answers

Q **Is the hepatitis B vaccine free for newborns?**

A The hepatitis B vaccine is free to all delivering hospitals for all newborns.

Q **Should I restart my hepatitis B vaccine series if I waited too long to get the second or third dose?**

A No. You don't have to restart the hepatitis B series, you just continue from where you left off. However, there are minimum requirements on how soon you can get the hepatitis B shots. There must be at least 28 days between dose #1 and dose #2. There must be at least two months between dose #2 and dose #3. There must be at least 4 months between dose #1 and dose #3 for anyone older than 6 months of age. (It is important that dose #3 is not given before 6 months of age – not even one day early – or it will have to be repeated.)

Number of reported cases of vaccine-preventable diseases, Michigan 2002

(Data are provisional)

Disease	Total cases 2002	Total cases 2001
Congenital rubella syndrome (CRS)	0	0
Diphtheria	0	1
H. influenzae invasive disease	18	14
Hepatitis B	321	618
Measles	0	0
Mumps	8	5
Pertussis	61	149
Poliomyelitis	0	0
Rubella	1	0
Tetanus	2	0

Bride keeps her appointment; wedding reception can wait

Written by Brandy Bruhn, R.N., B.S.N., Ottawa County Health Department

Editor's note: We had a good laugh when we received the following story from the Ottawa County Health Department. Brandy Bruhn tells the story in the first person, and we decided it would be best to just leave it the way she told it. Enjoy!

I had just counted out my immunization box when I decided to check to see if we had any more clients for the day. Yes, I should have checked before counting out my box, but if there was anyone, they were very late for their appointment. Sure enough, just my luck, it was a Friday afternoon, and two more clients had shown up. The clerk said that she had a hard time registering them, because of name change. Now, in every day clinic work, that is not unusual. So, I went ahead and called them back, and the two people turned out to be a brother and sister. The sister was 17 years old and the brother was 11 years old. When I looked at the sister, I had to take a second look, because she was wearing a wedding dress! She had just come from her wedding and was going to her reception after their immunization appointment. Her mother insisted that they keep their appointments for their hepatitis B shots. She was beginning the series, so I had to ask if there was any chance she could be pregnant. She blurted out, "Oh God no, I already have two!" So I proceeded, gave them both their hepatitis B shots, and wished them a good time at the wedding reception!

You are welcome to contribute articles to the Michigan Immunization Update newsletter. If you interested in contributing an article, contact Rosemary Franklin at 517-335-9485 or franklinr@michigan.gov.

The *Michigan Immunization Update*

The *Michigan Immunization Update* can now be sent to your desk via e-mail as an Adobe Acrobat pdf file. If you do not already have Adobe Acrobat Reader, this free software program is available on the Internet at www.adobe.com/products/acrobat/readstep2.html.

How to subscribe

If you would like to receive this newsletter via e-mail, send an e-mail message to mhowell@msms.org. Enter the word SUBSCRIBE in the SUBJECT field. Do not enter any message content. You will be added to the list.

How to unsubscribe

To unsubscribe from this service, send an e-mail message to mhowell@msms.org. Enter the word UNSUBSCRIBE in the SUBJECT field. Do not enter any message content. You will be removed from the list.

Please note that we never disclose your e-mail address to another party and use it only for our informational mailings.

Have you moved?

To change your address, fax us both your old and new address, indicating which one is the new address.

Receiving duplicate copies of the newsletter?

Make copies of all the address labels and fax them to us, indicating which label is the correct one.

Want to be added to our mailing list to receive future issues of the newsletter?

Fax us your complete name and home address and we'll add you to our mailing list to receive a copy of the newsletter through regular mail.

All address changes, corrections, and additions should be faxed to Darcy Wildt (fax # 517-335-9855).

For questions concerning address changes, corrections, and additions call Darcy Wildt at 517-335-9486 or e-mail WildtD@michigan.gov.

You may direct any other questions regarding the *Michigan Immunization Update* to Rosemary Franklin by calling 517-335-9485 or e-mail FranklinR@michigan.gov.

Questions & Answers

Q **If you give MMR at 15 months of age rather than at 12 months of age, will the vaccine be more effective?**

A No. MMR vaccine is 95 percent effective when administered at 12 months of age. The minimum age for this vaccine is 12 months. So, while you would not want to give this vaccine before 12 months of age, it is important to protect children from vaccine-preventable diseases as early as possible. Scheduling well child visits after the first birthday can help ensure that this vaccine is not given too early.

Q **We give Comvax in our practice. When a newborn has received the first dose of hepatitis B in the hospital, how do we use Comvax?**

A If the baby received the birth dose of hepatitis B, and your practice uses Comvax, then the following schedule can be used:

At 2 months: Give Comvax

At 4 months: Give Pedvax (if available) or Comvax

At 12 months: Give Comvax

Please note:

When giving combination vaccines, it is important to document that a combination vaccine was given. In the Michigan Childhood Immunization Registry (MCIR), this vaccine is documented as Hib-HepB. If Pedvax is used with Comvax, the child receives three doses of PRP-OMP Hib (a complete Hib schedule) and three doses of hepatitis B vaccine. If Comvax is used for all the doses (starting at 2 months of age), the child receives three doses of Hib (again, a complete schedule) and four doses of hepatitis B vaccine (i.e., an extra dose of hepatitis B vaccine is given). **There are no medical contraindications to receiving an extra dose of hepatitis B vaccine.**

Additional resources are within easy reach

Free e-mail news service available

Immunization Action Coalition (IAC) Express

Send an e-mail message to: express@immunize.org and type the word SUBSCRIBE in the subject line of your e-mail message.

Where to get more information on MCIR

For more information about the Michigan Childhood Immunization Registry (MCIR), go to:

www.mcir.org

Check out the Public Health Foundation

The Public Health Foundation (PHF) is the sole source for several National Immunization Program educational materials, including the 7th edition (2002) of *Epidemiology and Prevention of Vaccine-Preventable Diseases* (the Pink Book). PHF is also the source for CME and CNE-approved videotapes of NIP satellite programs plus other Centers for Disease Control and Prevention materials.

http://bookstore.phf.org

(877) 252-1200 (toll free)

How to get a free electronic subscription to the CDC MMWR

To obtain a free electronic subscription to the Morbidity and Mortality Weekly Report (MMWR), visit CDC's MMWR website at: www.cdc.gov/mmwr. Select "Free MMWR Subscription" from the menu at the left of the screen. Once you have submitted the required information, weekly issues of the MMWR and all new ACIP statements (published as MMWR's Recommendations and Reports) will arrive weekly by e-mail.

www.cdc.gov/mmwr

Documenting the hepatitis B birth dose

It is critical that our newborns receive the birth dose of hepatitis B vaccine before hospital discharge and that the birth dose is documented. Your support in both providing and documenting the birth dose of hepatitis B vaccine to all infants while still in the hospital will protect and save lives.

In 1999, a baby was born in Michigan to a woman who was hepatitis B surface antigen (HBsAg) positive and did not receive appropriate medical treatment at the time of birth. The infant became infected with the hepatitis B virus and died three months later. The Michigan Department of Community Health (MDCH) continues to receive reports of infants born to HBsAg positive women who are not being treated properly at birth, due to miscommunicated, misinterpreted or mistranscribed information about the mother's hepatitis B status. MDCH wants to assure that no infant becomes infected with hepatitis B virus because the birth dose was not offered. Because of this, MDCH continues to offer free hepatitis B vaccine to all newborns before hospital discharge.

In Michigan, the majority of birthing hospitals have access to the Electronic Birth Certificate (EBC) program, which allows birth information to be electronically submitted to the State. Hospitals using this electronic system are able to record the date of administration of the first dose of hepatitis B vaccine, and have this information automatically transmitted to the Michigan Childhood Immunization Registry (MCIR). MCIR allows access to patient immunization records and helps to avoid missed opportunities to vaccinate. This also helps to ensure that infants born to HBsAg positive women receive the appropriate prophylaxis in a timely manner.

The following list includes the 84 birthing hospitals that have policies in place that state that all of their delivering physicians offer the hepatitis B vaccine to 100 percent of their newborns before hospital discharge. (There are a total of 102 birthing hospitals in Michigan.)

Only 30 hospitals are submitting the hepatitis B shot data on 90 percent or more of their EBC records.

MDCH offers free technical assistance to hospitals in order to help them improve the documentation and reporting of all immunizations, especially the birth dose of hepatitis B vaccine. Through better documentation and reporting, we will be better able to ensure that all infants born to HBsAg positive women are identified and treated appropriately.

We would like to congratulate everyone who has been instrumental in ensuring that all newborns are offered the birth dose of hepatitis B vaccine prior to discharge, but want to stress again the importance of documentation and reporting as well. As it was stated earlier, technical assistance is available to help hospitals improve the documentation and reporting of all immunizations, especially the birth dose of hepatitis B vaccine. If you have any questions concerning this information, please contact your regional MCIR Coordinator, your local health department or Pat Fineis at 517-335-9443 or at 800-964-4487.

Birthing Hospitals	Has policy to offer hep B vaccine to 100% of newborns	Electronically submits hep B shot data on 90% or more of their EBC records	Electronically submits hep B shot data on 70 –90% of their EBC records	Electronically submits hep B shot data on fewer than 70% of their EBC records
Allegan General Hospital	X	X		
Alpena General Hospital			X	
Battle Creek Health Systems	X			X
Bay Medical Center	X	X		
Beaumont Hospital/RO **	X			
Beaumont Hospital/Troy **	X			

Birthing Hospitals	Has policy to offer hep B vaccine to 100% of newborns	Electronically submits hep B shot data on 90% or more of their EBC records	Electronically submits hep B shot data on 70 –90% of their EBC records	Electronically submits hep B shot data on fewer than 70% of their EBC records
Bell Memorial Hospital	X		X	
Bi-County Hospital	X		X	
Bon Secours Hospital			X	
Borgess Medical Center	X		X	
Borgess/Pipp Health Center	X			X
Botsford General Hospital	X			X
Bronson Methodist Hospital	X			X
Carson City Hospital	X	X		
Central Michigan Community				X
Charlevoix Area Hospital				X
Clinton Memorial Hospital	X	X		
Community HC of Branch Co	X	X		
Community Hospital	X	X		
Community Memorial			X	
Covenant Health Care System	X		X	
Crittenton Hospital	X			X
Dickinson Co Health Care			X	
Foote Memorial Hospital	X		X	
Garden City Osteopathic	X	X		
Genesys Regional Medical Center Health Parks	X	X		
Gerber Memorial Hospital				X
Grand View Hospital	X		X	
Gratiot Community Hospital	X	X		
Hackley Hospital Med Ctr	X	X		
Hayes Green Beach Hospital	X	X		
Henry Ford/Detroit	X	X		
Henry Ford/Wyandotte	X	X		
Hillsdale Community	X	X		
Holland Community	X			X
Hurley Medical Center	X			X
Huron Memorial Hospital	X	X		
Huron Valley/Sinai Hospital	X			X
Hutzel Hospital	X			X
Ingham Regional Med Center	X		X	

Continued on Page 16

Birthing Hospitals	Has policy to offer hep B vaccine to 100% of newborns	Electronically submits hep B shot data on 90% or more of their EBC records	Electronically submits hep B shot data on 70 –90% of their EBC records	Electronically submits hep B shot data on fewer than 70% of their EBC records
Ionia County Memorial	X	X		
Keweenaw Memorial Med Ctr *	X			
Lake View Community			X	
Lakeland Med Ctr/St. Joseph	X	X		
Lakeland Reg Health Systems	X		X	
Lakeshore Community	X	X		
Lapeer Regional Hospital	X		X	
Lenawee Health/Bixby				X
Lenawee Health/Herrick	X		X	
Marquette General Hospital			X	
McKenzie Hospital	X			X
McLaren Regional Med Ctr	X			X
Mecosta County General	X		X	
Memorial Med Ctr of W MI	X	X		
Mercy General Health	X	X		
Mercy Health/Cadillac	X		X	
Mercy Health/Grayling	X		X	
Mercy Hospital	X		X	
Mercy Memorial Hospital	X	X		
Metropolitan Hospital	X		X	
Mid-MI Reg Med Ctr/Clare	X		X	
Mid-MI Reg Med Ctr/Midland			X	
Mt. Clemens General Hospital	X		X	
Munson Medical Center	X		X	
North Oakland Medical Center	X		X	
North Ottawa Community				X
Northern Michigan Hospital				X
Oaklawn Hospital				X
Oakwood Hospital/Annapolis	X	X		
Oakwood Hospital & Med Ctr	X			X
Oakwood/Southshore Med Ctr *	X			

Continued on Page 17

Birthing Hospitals	Has policy to offer hep B vaccine to 100% of newborns	Electronically submits hep B shot data on 90% or more of their EBC records	Electronically submits hep B shot data on 70 –90% of their EBC records	Electronically submits hep B shot data on fewer than 70% of their EBC records
Otsego Memorial Hospital	X		X	
Owosso Memorial Health Care	X	X		
Pennock Hospital	X	X		
Port Huron Hospital	X	X		
Portage Health System	X		X	
Providence Hospital				X
Sinai/Grace Hospital	X			X
South Haven Community	X	X		
Sparrow Health System				X
Spectrum Health/Blodgett	X		X	
Spectrum Health/Butterworth	X		X	
St. Francis Hospital	X		X	
St. John Detroit Riverview	X			X
St. John Hospital & Med Ctr				X
St. John Macomb Hospital	X	X		
St. John River District Hospital	X		X	
St. Joseph Health System	X		X	
St. Joseph Mercy/Ann Arbor	X		X	
St. Joseph Mercy/Clinton Twp	X		X	
St. Joseph Mercy/Livingston	X		X	
St. Joseph Mercy/Pontiac				X
St. Mary's Hospital	X		X	
St. Mary's Mercy Med Ctr	X		X	
Sturgis Hospital	X	X		
Three Rivers Area Hospital	X	X		
U of M Hospital & Health Ctr	X			X
United Memorial Hospital	X	X		
War Memorial Hospital	X			X
West Branch Reg Med Ctr	X		X	
West Shore Hospital	X		X	
Zeeland Community Hospital	X			X
Totals	84	30	40	28

* EBC system installed late in 2002 and the data is incomplete
** Unable to verify EBC information

Announcing

Michigan Department of Community Health

The Michigan Department of Community Health's Fall Regional Immunization Conferences

2003 Schedule

September 25	**Marquette**	**Northern Michigan University**
October 14	**Gaylord**	**Treetops Conference Center**
October 20	**Kalamazoo**	**Fetzer Center (WMU)**
October 22	**Ypsilanti**	**Eagle Crest Conference Resort/ Marriott (EMU)**
October 28	**Troy**	**M.S.U. Management Education Center**
October 30	**East Lansing**	**Kellogg Conference Center (MSU)**

Conference registration: 8:00 am - 8:30 am*
Conference: 8:30 am - 3:30 pm*

* EXCEPTION: Marquette location, September 25 – Conference registration will be held from 8:30 am - 9:00 am; conference will be held from 9:00 am - 4:00 pm.

Conference brochures will be mailed out by the end of May. Everyone who receives the *Michigan Immunization Update* newsletter will also receive a conference brochure. Once you have received your conference brochure, we encourage you to register early since space is limited. (Registrations will not be accepted before the conference brochures are mailed out in May.)

If you have not received a brochure by the end of May, call the Division of Communicable Disease and Immunization at 517-335-8159 to request one.

For registration details, see the conference brochure.

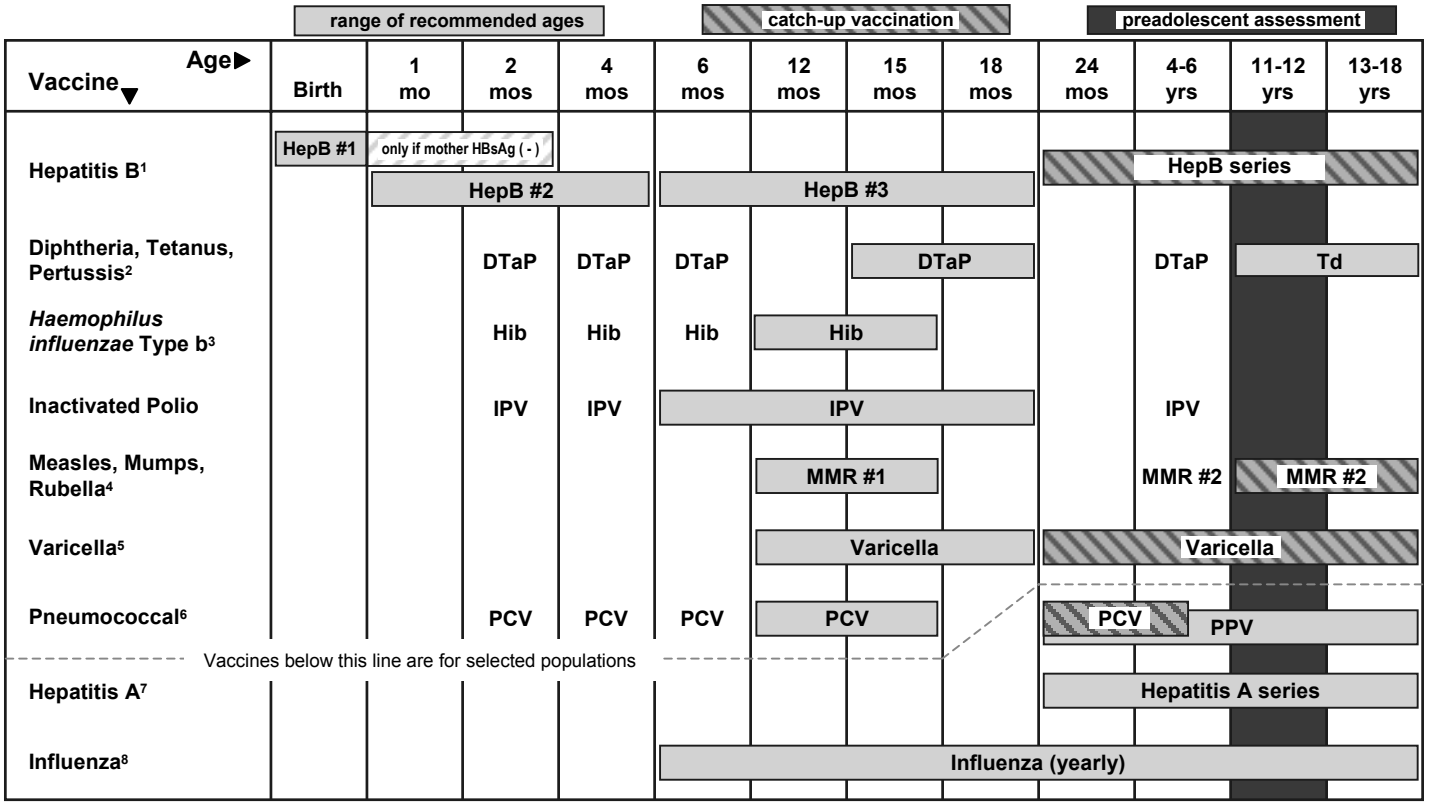
For more information, contact:

Rosemary Franklin (franklinr@michigan.gov / 517-335-9485)

OR

Darcy Wildt (wildtd@michigan.gov / 517-335-9486)

Recommended Childhood and Adolescent Immunization Schedule -- United States, 2003



This schedule indicates the recommended ages for routine administration of currently licensed childhood vaccines, as of December 1, 2002, for children through age 18 years. Any dose not given at the recommended age should be given at any subsequent visit when indicated and feasible. ▨ Indicates age groups that warrant special effort to administer those vaccines not previously given. Additional vaccines may be licensed and recommended during the year. Licensed combination vaccines may be used whenever any components of the combination are indicated and the vaccine's other components are not contraindicated. Providers should consult the manufacturers' package inserts for detailed recommendations.

1. Hepatitis B vaccine (HepB). All infants should receive the first dose of hepatitis B vaccine soon after birth and before hospital discharge; the first dose may also be given by age 2 months if the infant's mother is HBsAg-negative. Only monovalent HepB can be used for the birth dose. Monovalent or combination vaccine containing HepB may be used to complete the series. Four doses of vaccine may be administered when a birth dose is given. The second dose should be given at least 4 weeks after the first dose, except for combination vaccines which cannot be administered before age 6 weeks. The third dose should be given at least 16 weeks after the first dose and at least 8 weeks after the second dose. The last dose in the vaccination series (third or fourth dose) should not be administered before age 6 months.

Infants born to HBsAg-positive mothers should receive HepB and 0.5 mL Hepatitis B Immune Globulin (HBIG) within 12 hours of birth at separate sites. The second dose is recommended at age 1-2 months. The last dose in the vaccination series should not be administered before age 6 months. These infants should be tested for HBsAg and anti-HBs at 9-15 months of age.

Infants born to mothers whose HBsAg status is unknown should receive the first dose of the HepB series within 12 hours of birth. Maternal blood should be drawn as soon as possible to determine the mother's HBsAg status; if the HBsAg test is positive, the infant should receive HBIG as soon as possible (no later than age 1 week). The second dose is recommended at age 1-2 months. The last dose in the vaccination series should not be administered before age 6 months.

2. Diphtheria and tetanus toxoids and acellular pertussis vaccine (DTaP). The fourth dose of DTaP may be administered as early as age 12 months, provided 6 months have elapsed since the third dose and the child is unlikely to return at age 15-18 months. **Tetanus and diphtheria toxoids (Td)** is recommended at age 11-12 years if at least 5 years have elapsed since the last dose of tetanus and diphtheria toxoid-containing vaccine. Subsequent routine Td boosters are recommended every 10 years.

3. *Haemophilus influenzae* type b (Hib) conjugate vaccine. Three Hib conjugate vaccines are licensed for infant use. If PRP-OMP (PedvaxHIB® or ComVax® [Merck]) is administered at ages 2 and 4 months, a dose at age 6 months is not required. DTaP/Hib combination products should not be used for primary immunization in infants at ages 2, 4 or 6 months, but can be used as boosters following any Hib vaccine.

4. Measles, mumps, and rubella vaccine (MMR). The second dose of MMR is recommended routinely at age 4-6 years but may be administered during any visit, provided at least 4 weeks have elapsed since the first dose and that both doses are administered beginning at or after age 12 months. Those who have not previously received the second dose should complete the schedule by the 11-12 year old visit.

5. Varicella vaccine. Varicella vaccine is recommended at any visit at or after age 12 months for susceptible children, i.e. those who lack a reliable history of chickenpox. Susceptible persons aged ≥13 years should receive two doses, given at least 4 weeks apart.

6. Pneumococcal vaccine. The heptavalent **pneumococcal conjugate vaccine (PCV)** is recommended for all children age 2-23 months. It is also recommended for certain children age 24-59 months. **Pneumococcal polysaccharide vaccine (PPV)** is recommended in addition to PCV for certain high-risk groups. See *MMWR* 2000;49(RR-9);1-38.

7. Hepatitis A vaccine. Hepatitis A vaccine is recommended for children and adolescents in selected states and regions, and for certain high-risk groups; consult your local public health authority. Children and adolescents in these states, regions, and high risk groups who have not been immunized against hepatitis A can begin the hepatitis A vaccination series during any visit. The two doses in the series should be administered at least 6 months apart. See *MMWR* 1999;48(RR-12);1-37.

8. Influenza vaccine. Influenza vaccine is recommended annually for children age ≥6 months with certain risk factors (including but not limited to asthma, cardiac disease, sickle cell disease, HIV, diabetes, and household members of persons in groups at high risk; see *MMWR* 2002;51(RR-3);1-31), and can be administered to all others wishing to obtain immunity. In addition, healthy children age 6-23 months are encouraged to receive influenza vaccine if feasible because children in this age group are at substantially increased risk for influenza-related hospitalizations. Children aged ≤12 years should receive vaccine in a dosage appropriate for their age (0.25 mL if age 6-35 months or 0.5 mL if aged ≥3 years). Children aged ≤8 years who are receiving influenza vaccine for the first time should receive two doses separated by at least 4 weeks.

For additional information about vaccines, including precautions and contraindications for immunization and vaccine shortages, please visit the National Immunization Program Website at www.cdc.gov/nip or call the National Immunization Information Hotline at 800-232-2522 (English) or 800-232-0233 (Spanish).

Approved by the Advisory Committee on Immunization Practices (www.cdc.gov/nip/acip), the American Academy of Pediatrics (www.aap.org), and the American Academy of Family Physicians (www.aafp.org).

Michigan Childhood Immunization Registry (MCIR) Regions & Toll-Free Phone Numbers

Region 1 1-888-217-3900

Covers: City of Detroit, Livingston, Macomb, Monroe, Oakland, St. Clair, Washtenaw & Wayne Counties

Region 2 1-888-217-3901

Covers: Allegan, Berrien, Branch, Calhoun, Cass, Hillsdale, Ionia, Jackson, Kalamazoo, Kent, Lenawee, Muskegon, Ottawa, St. Joseph, & Van Buren Counties

Region 3 1-888-217-3902

Covers: Barry, Clinton, Eaton, Gratiot, Ingham, & Montcalm Counties

Region 4 1-888-217-3903

Covers: Bay, Genesee, Huron, Lapeer, Midland, Saginaw, Sanilac, Shiawassee, & Tuscola Counties

Region 5 1-888-217-3904

Covers: Alcona, Alpena, Antrim, Arenac, Benzie, Charlevoix, Cheboygan, Clare, Crawford, Emmet, Gladwin, Grand Traverse, Iosco, Isabella, Kalkaska, Lake, Leelanau, Manistee, Mason, Mecosta, Missaukee, Montmorency, Newaygo, Oceana, Ogemaw, Osceola, Oscoda, Otsego, Presque Isle, Roscommon, & Wexford Counties

Region 6 1-888-217-3905

Covers: All Upper Peninsula Counties

Watch me Grow

Healthy, Happy and Strong!

A 2003–2004 CALENDAR for MICHIGAN FAMILIES

Available in English and Spanish!

Being a parent is a tough job! Often parents do not know who to turn to for information about parenting, nutrition, safety and many other issues that arise in families. Now there is something to help! The Watch Me Grow calendar is targeted specifically for families in Michigan. It is an informative calendar which promotes the health and well-being of families and helps build support networks by sharing information about effective programs and resources.

The 2003–2004 Watch Me Grow calendar is an important resource for families. This 24-month calendar — which begins in January 2003 and continues through December 2004 — includes activities for parents and children, important telephone numbers, the updated immunization schedule, and a space on the back for local agency information.

TO ORDER, send form to: **Family & Consumer Sciences**
Michigan State University Extension
240 Agriculture Hall
East Lansing, MI 48824-1039

Or fax to: **(517) 353-4846**

QUESTIONS: Call Jodi Spicer at **(517) 353-9359**

PLEASE NOTE: Calendars will be distributed after December 1, 2002.

QUANTITY	TITLE/DESCRIPTION	UNIT PRICE	TOTAL PRICE
	Watch Me Grow–Healthy, Happy and Strong! 2003–2004 Calendar — English Version	**$1.00**	
	Watch Me Grow–Healthy, Happy and Strong! 2003–2004 Calendar — Spanish Version	**$1.00**	

All prices include shipping and handling. Allow 2–4 weeks for delivery.

PAYMENT METHOD:

☐ **Payment Enclosed**: Make checks payable to **Michigan State University**

☐ **Bill My Organization**

BILLING ADDRESS (IF DIFFERENT):

Name _____

Organization _____

Street _____

City _____ State _____ Zip _____

SHIPPING ADDRESS:

NAME: _____

ADDRESS: _____

_____

TELEPHONE #: ( ) _____

MSU is an affirmative action/equal opportunity institution. Michigan State University Extension programs and materials are open to all without regard to race, color, national origin, gender, religion, age, disability, political beliefs, sexual orientation, marital status or family status.

Revised September 2002

Michigan Department of Community Health (MDCH) Clearinghouse order form for free immunization brochures and materials

To order the materials listed below, fax this form to the MDCH Clearinghouse at 517-699-2376. Inquiries about specific orders that have already been placed can be directed to the MDCH Clearinghouse at 1-888-76-SHOTS. All other inquiries should be directed to Rosemary Franklin at 517-335-9485 or FranklinR@michigan.gov.

All orders for brochures are limited to 500 per organization or office, unless otherwise stated. However, limits may also be lowered due to availability of supply. Please note that most of these brochures are revised annually.

If you have a special need and you would like to request any amounts in excess of the limits, please refer to the directions at the end of the next page.

Name:	
Company:	
Street address:*	
City:	**State: MI**** **Zip code:**
Phone no.:	

*** Reminder: We cannot ship to P.O. boxes.** ** Materials are available to Michigan residents only.

Please enter quantity for each requested item.

Quantity needed	Materials for health care providers	
(Limit of 1 per office)	**Alliance for Immunization in Michigan (AIM) Provider Tool Kit, 2003** This packet contains the most up-to-date tools and information for health care professionals who administer vaccines to their patients, including the Recommended Childhood Immunization Schedule for 2003, the Recommended Adult immunization Schedule, information about contraindications for vaccination and proper storage and handling of vaccines techniques, documentation resources and much more. The materials in this kit are organized into four separate folders: Child/Adolescent Immunization, Adult Immunization, Talking to Families, and Vaccine Storage & Resources.	
(Limit of 5,000 cards per office)	**Adult Immunization Record Card** We recommend that you provide an adult immunization record card to all your adult patients as you give them immunizations. Although the limit on this item is 5,000, we ask that you do not stockpile. Please order only enough to get you through this flu season.	Ö **Updated in September 2002**

Materials for patient education

New brochures for all patients		
	What is West Nile Virus?	Ö **Attention: New brochure!**
	Antibiotics: What You Should Know *Preserving our Antibiotic Lifeline* This brochure covers the basics on antibiotics: what they are, when they are needed (and *not* needed), and what causes antibiotic resistance. Some practical advice is also offered on how to take medication correctly, and how to treat a cold or flu. Please make these brochures available in your waiting room for your patients.	Ö **Attention: New brochure!**
Brochures for children and adolescents		
	Immunize Your Little Michigander	
	Vaccine Safety – What parents need to know	
	Are you 11-19 years old? Then you need to be protected against some serious diseases	

Brochure for adults		
	Immunizations – They're not just for kids. Are you protected?	

Brochures about hepatitis		
	Hepatitis B: What Parents Need to Know (With special information for pregnant women)	Ö **Attention: New brochure!**
	The Dangers of Hepatitis B: What they are, How to avoid them	
	Hepatitis, What you need to know. (This brochure discusses hepatitis A, B, and C.)	

Limits and exceptions

If you have a special need or would like to request any amounts in excess of the limits, please contact Rosemary Franklin at 517-335-9485 or FranklinR@michigan.gov

Michigan Dept. of Community Health
3423 N. MLK Blvd.
PO Box 30195
Lansing MI 48909

Presorted Standard
U.S. POSTAGE
PAID
Lansing, MI
PERMIT NO. 1200

Annual regional immunization conferences draw 1,200 participants

The six statewide regional immunization conferences held during October attracted more than 1,200 health care professionals. The Michigan Department of Community Health's Immunization Program strives to make this conference accessible to as many health care professionals as possible by taking the one-day conference on a road trip to six cities throughout the state. This year's conferences were held in Gaylord, Marquette, East Lansing, Kalamazoo, Troy, and Ypsilanti.

Presentations included a vaccine update, a session on emergency preparedness, a Michigan Childhood Immunization Registry (MCIR) update, and a troubleshooting session where a panel of immunization experts answered audience questions on a variety of immunization issues. Speakers included two keynote speakers from CDC (Dr. Sharon Humiston and Dr. William Atkinson), as well as a variety of representatives from the Michigan Department of Community Health, local health departments, and community providers.

Planning for 2003 underway

Planning for the 2003 regional immunization conferences is underway. The locations and dates for the 2003 conferences are listed below. A flyer with more information is enclosed on page 18.

ĝ

You're never to young to learn about immunization!

2003 Fall conference schedule

Sept. 25
Northern Michigan University, Marquette

Oct. 14
Treetops Conference Center, Gaylord

Oct. 20
Western Michigan University, Kalamazoo

Oct. 22
Eastern Michigan University, Ypsilanti

Oct. 28
M.S.U. Management Education Center, Troy

Oct. 30
Michigan State University, East Lansing